

**AMERICAN LEGION AUXILIARY**

**Department of Illinois**

**SERVICE TO VETERANS/HOSPITAL SERVICE PIN ORDER FORM**

UNIT NAME \_\_\_\_\_ NO. \_\_\_\_\_ LOCATED \_\_\_\_\_ DISTRICT NO. \_\_\_\_\_

VA&R CHAIRMAN \_\_\_\_\_ ADDRESS \_\_\_\_\_

UNIT PRESIDENT \_\_\_\_\_ ADDRESS \_\_\_\_\_

**Number of Service to Veterans Pins Requested** \_\_\_\_\_ **Price: \$30.00 each** **Amount enclosed \$** \_\_\_\_\_

**NOTE:** This is a ONE TIME ONLY PIN PRESENTED AFTER THE "FIRST 50 HOURS" ARE SERVED.

**Forms must reach the Department Office by April 20th to ensure delivery by Convention.**

DEPARTMENT TREASURER and attach to this report form. PLEASE PRINT NAME OF VOLUNTEER AND CHECK WHETHER VOLUNTEER IS SR., JR., OR NON-AFFILIATE.

<b>NAME OF VOLUNTEER</b>	<b>SR</b>	<b>JR</b>	<b>NON-AFFILIATE</b>	<b>Service to Veterans Pin</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**USE ANOTHER SHEET FOR ADDITIONAL NAMES IF NECESSARY**

**Please send order form and check to: American Legion Auxiliary, P.O Box 1426, Bloomington, IL, 61702**